



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0173

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$437905784
Outpatient Patient Service Revenue	\$974974060
Total Gross Patient Service Revenue	\$1412879844

2. Deductions From Revenue

Contractual Allowance	\$961296990
Other Deductions	\$9400657
Total Deductions	\$970697647

3. Total Operating Revenue

Net Patient Service Revenue	\$442182197
Other Operating Revenue	\$5846109
Total Operating Revenue	\$448028306

4. Operating Expenses

Salaries and Wages	\$161536209	Employee Benefits	\$32144887
Depreciation and Amortization	\$10483288	Interest Expense	\$12123197
Bad Debt	\$20523131	Other Expenses	\$165340563
Total Operating Expenses	\$402151275		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$45877031	Total Assets	\$392806117
Net Non-operating Gains over Loss	\$192185	Total Liabilities	\$392806117

Total Net Gains	\$46069216
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$593495370	\$471346848	\$122148522
Medicaid	\$189540835	\$159412355	\$30128480
Other Government	\$10137024	\$7198146	\$2938878
Other State	\$0	\$0	\$0
Other Payers	\$619706614	\$332740299	\$286966315
Total	\$1412879843	\$970697648	\$442182195

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1161938	\$-1161938

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$510139	\$-510139

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1196549	\$-1196549
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	11364

Statement Six: Charity Statement

Hospital Charity Charges	\$21238352
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5543210	
HCI Payments	\$0		
Subtotal	\$0	\$5543210	\$-5543210
Medicaid Shortfalls	\$42153349	\$58242038	
Subtotal	\$42153349	\$63785248	\$-21631899
DSH Payments	\$0		
Subtotal	\$42153349	\$63785248	\$-21631899
Medicare Shortfalls	\$65208590	\$76239401	
Other Government Programs	\$0	\$0	
Total	\$107361939	\$140024649	\$-32662710

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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